



OFFICE *of* ADMINISTRATION

AUTHORIZED SIGNATURES

DEPARTMENT OF REVENUE - STATE TAX COMMISSION

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Jacobs	Stacey		Truman Building Room 840	Jefferson City, MO	stacey.jacobs@stc.mo.gov	573-751-1716
SA	Wankum	Sandy		Truman Building Room 840	Jefferson City, MO	sandy.wankum@stc.mo.gov	573-751-1709
AA	Davis	Bruce	Commissioner	Truman Building Room 840	Jefferson City, MO	bruce.davis@stc.mo.gov	573-751-1716

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT